

**WORK FIRST PROGRAM  
BENEFIT DIVERSION AND WORK FIRST SERVICES FOR LOW INCOME FAMILIES  
SURVEY  
STATE FISCAL YEAR (SFY) 2019-2020**

**County Name:** \_\_\_\_\_

1. **Benefit Diversion:** Will your county offer Benefit Diversion to Work First applicants for SFY 2019-2020?

☐ **Yes**

☐ **No**

2. **Work First Services for Low Income Families:** Which Federal Poverty Level (FPL), will your county utilize for SFY 2019-2020? (Refer to [EFS WF AL-1-2019](#) for the 2019 FPL)

☐ **150% of the FPL**

☐ **200% of the FPL**

**Comments (optional):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
(Signature of Program Manager) (Printed Name) Date

\_\_\_\_\_/\_\_\_\_\_  
(Signature of DSS Director) (Printed Name) Date

Submit the survey no later than **April 30, 2019** via the following:

**Email:** [Kisha.Gorham@dhhs.nc.gov](mailto:Kisha.Gorham@dhhs.nc.gov) or

**Fax:** (919) 334-1265 (Attn: Kisha Gorham) or

**Mail:** NC Department of Health and Human Services  
Division of Social Services  
Economic and Family Services  
Attn: Kisha Gorham  
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